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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	SBURSI Authorized Co				Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	IT ▼	Example: If typin over the lines.	ıg, type	12FE4M5	
Robert Miller for	Congress					1
ADDRESS (number and s	street) 3065 Hawaii 0	Ct 				
Check if difference	ent					
than previously reported. (ACC	West Sacram	iento			CA 9	5691
2. <b>FEC IDENTIFICA</b>	TION NUMBER ▼	CITY	<b>\</b>		STATE A	ZIP CODE
C C00612416		3. IS THIS REPORT	NEW (N)	OR	X AMENDE (A)	STATE ▼ DISTRICT  ED  CA  12
4. TYPE OF REPO	ORT (Choose One)	(b) 12-Day <b>F</b>	PRE-Election Repo	ort for the:		
(a) Quarterly Repo	orts:				0	D (40D)
April 15 Q	uarterly Report (Q1)		1 11111011 (121	_	General (12	
July 15 Qu	uarterly Report (Q2)	L	Convention (	12C)	Special (12	·S)
October 18	5 Quarterly Report (Q3)	Election	on 06	07	Y Y Y Y Y 2016	in the State of
January 31	1 Year-End Report (YE)	(c) 30-Day <b>F</b>	POST-Election Re	port for the:		
			General (300	à)	Runoff (30F	R) Special (30S)
Termination	n Report (TER)	Election	on M M M	D D /	Y " Y " Y	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y Y 2016	through	M M M	/ 18 /	2016
I certify that I have exam	mined this Report and t	o the best of my	/ knowledge and	belief it is ti	rue, correct and	complete.
Type or Print Name of	Treasurer John Fronefi	eld				
Signature of Treasurer	John Fronefield		[Electronically	Filed]	Date 06	04 / 2016
NOTE: Submission of fals	se, erroneous, or incompl	lete information m	nay subject the per	son signing	this Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

Robert Miller	for	Congress
---------------	-----	----------

05 18 2016 01 2016 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 1426.80 5522.38 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1426.80 5522.38 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 100.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 5622.38 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 15

Write or Type Committee Name

#### **Robert Miller for Congress**

Report Covering the Period: From: 04 01 2016 To: 05 18 2016

I. RECEIPTS		I. RECEIPTS  COLUMN A Total This Period	
1. (	CONTRIBUTIONS (other than loans) FROM:		
(	a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
(	b) Political Party Committees	0.00	0.00
(	c) Other Political Committees (such as PACs)	0.00	0.00
`	d) The Candidatee) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3. L	LOANS:		
(	a) Made or Guaranteed by the Candidate	1526.80	5622.38
(	b) All Other Loans	0.00	0.00
(	c) TOTAL LOANS (add Lines 13(a) and (b))	1526.80	5622.38
	DFFSETS TO OPERATING		
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	DTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	1526.80	5622.38

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 15

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	1426.80	5522.38
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other	0.00	0.00
		Than Political Committees		
	(b)	Political Party Committees  Other Political Committees	0.00	0.00
	(0)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		<b>TAL DISBURSEMENTS</b> d Lines 17, 18, 19(c), 20(d), and 21)	1426.80	5522.38
		III. CASH SUM	MARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPORTI	NG PERIOD	0.00
24	то	TAL RECEIPTS THIS PERIOD (from Line 16,	page 3)	1526.80
25.	SUI	BTOTAL (add Line 23 and Line 24)		1526.80
26.	TO	TAL DISBURSEMENTS THIS PERIOD (from	Line 22)	1426.80
27	CAS	SH ON HAND AT CLOSE OF REPORTING F	PERIOD	100.00

#### S

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 15 (check only one)  11a
		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Robert Miller for Congress		
Full Name (Last, First, Middle Initial)  Bob Miller  Mailing Address 2001 35th  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer N/A  Receipt For: 2016  Primary General Other (specify)	State Zip Code CA 94116  C H6CA12183  Occupation N/A  Election Cycle-to-Date	Date of Receipt  M M O1 2016  Transaction ID: SA13A.4109  Amount of Each Receipt this Period  600.00  Memo Item Loan
Full Name (Last, First, Middle Initial)  Bob Miller  Mailing Address 2001 35th  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer N/A  Receipt For: 2016  Primary General Other (specify)	State Zip Code CA 94116  C H6CA12183  Occupation N/A  Election Cycle-to-Date  4916.08	Date of Receipt  M M / 29 / 2016  Transaction ID: SA13A.4115  Amount of Each Receipt this Period  220.50  Memo Item Loan
Full Name (Last, First, Middle Initial)  Bob Miller  Mailing Address 2001 35th  City San Francisco  FEC ID number of contributing federal political committee.	State Zip Code CA 94116  C H6CA12183	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer N/A  Receipt For: 2016  Primary General Other (specify)	Occupation N/A  Election Cycle-to-Date  5136.58	Memo Item Loan
SUBTOTAL of Receipts This Page (optional)		1041.00

TOTAL This Period (last page this line number only).....

SCHEDIII	LE A (FEC Form 3)		1				MBER:	PAGE	6 OF	15
	•				(check only one)					
ITEMIZE	RECEIPTS		Detailed Summary Page	-	11a		11b	11c	11d	
			, ,		12		13a	13b	14	15
Any information or for comme	on copied from such Reports a ercial purposes, other than using	nd Statements m g the name and	nay not be sold or used by any address of any political commit	person tee to s	for th	e pu contri	rpose (	of solicitir s from su	ng contribu ch commit	itions itee.
	COMMITTEE (In Full) Miller for Congress									
Full Name Bob Mil	(Last, First, Middle Initial)				Date o	of Rec	ceint			
Mailing Ad	Mailing Address 2001 35th					/	13	) / Y	2016	7
City		State	Zip Code			tion I	D . CA	124 1116		
San Franc	isco	CA	94116	11	ansac	tion i	D : 5A	13A.4116	)	
	mber of contributing itical committee.	С н6	CA12183	,	Amoun	nt of	Each F	Receipt th		-
Name of E	Employer	า				,		220.50	<u>,                                     </u>	
N/A	. ,	Occupation N/A			Me	mo Ite	em			
Receipt Fo	or: 2016	ycle-to-Date	— Г	oan						
Prim	ary General	Election Cycle to Bute								
Othe	r (specify)	L	5357.08	4						
B. Bob Mi					Date o	of Red	ceipt			
Mailing Ad	Mailing Address 2001 35th				M M M	/	18		2016	
City San Franc	isco	State CA	Zip Code 94116	Tra	ansact	tion I	D : SA	13A.4122		
	mber of contributing itical committee.	C H6CA12183			Amount of Each Receipt this Period					_
Name of E	mployer	Occupation	า		١.				265.30	)
N/A		N/A			Me	mo lt	em	7		
Receipt Fo	pr: 2016	Flection C	ycle-to-Date	Loan						
Prim	Primary General Other (specify)		5622.38							
Full Name	(Last, First, Middle Initial)				Date o	of Red	naint			
C. Mailing Ad	dress				M M		DIE	) / Y	YYY	1
City	City State Zip Code				-					_
	mber of contributing itical committee.	C			Amour	nt of	Each F	Receipt th	is Period	_
Name of E	mployer	Occupation	1		Me	mo lte	em	7		
Receipt Fo	or:	Election C	ycle-to-Date							
Prim				1						

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

485.80

1526.80

	CHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the	1 -	FOR LINE NUMBER: PAGE 7 OF 15 (check only one)			
	EMIZED DISBURSEMENTS	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	by information copied from such Reports and Statements may for commercial purposes, other than using the name and a						
$\sqrt{}$	NAME OF COMMITTEE (In Full)						
	Robert Miller for Congress						
۹.	Full Name (Last, First, Middle Initial)  John Fronefield			Date of Disbursement			
	Mailing Address 3065 Hawaii Ct			04 27 2016			
	City State West Sacramento CA	Zip Code		Amount of Each Disbursement this Period			
	West Sacramento CA  Purpose of Disbursement Bookkeeping & reporting	95691	-	500.00			
	Candidate Name	00		Memo Item			
		Categ Typ		Transaction ID : SB17.4114			
	Office Sought:  House Senate President  Disbursement For  Primary Other (s	General					
	State: District:						
В.	Full Name (Last, First, Middle Initial) SFSU Golden Gate Xpress		Date of Disbursement				
	Mailing Address 1600 Holloway Ave			04 / 29 / Y Y Y Y Y 2016			
	City State San Francisco CA	Zip Code 94132		Amount of Each Disbursement this Period			
	Purpose of Disbursement Print ad	00	)4	220.50			
	Candidate Name	Categ Typ		Memo Item  Transaction ID : SB17.4117			
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General					
	State: District:						
C.	Full Name (Last, First, Middle Initial)  SFSU Golden Gate Xpress			Date of Disbursement			
	Mailing Address 1600 Holloway Ave			05			
	-	p Code 4132		Amount of Each Disbursement this Period			
	Purpose of Disbursement Print Ads	4132	14	220.50			
	Candidate Name	Categ Typ	gory/	Memo Item			
	Office Sought:  House Senate President  Disbursement For Primary Other (s	: 2016 General		Transaction ID : SB17.4112			
	State: District:	•					
S	UBTOTAL of Disbursements This Page (optional)			941.00			

TOTAL This Period (last page this line number only).....

#### S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedu for each category of Detailed Summary Pa	le(s) (ch	R LINE NUMBER: PAGE 8 OF 15 eck only one)
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar			
NAME OF COMMITTEE (In Full)  Robert Miller for Congress	id address of any pointed	COMMITTEE E	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. SFSU Golden Gate Xpress  Mailing Address 1600 Holloway Ave			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State San Francisco CA  Purpose of Disbursement Print ad  Candidate Name  Office Sought: House Senate Prime Othe  State: District:	For: 2016	004 Category/ Type	Amount of Each Disbursement this Period  220.50  Memo Item  Transaction ID: SB17.4119
Full Name (Last, First, Middle Initial)  B. Spotlight Printing  Mailing Address 725 Bryant St			Date of Disbursement  M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
City State San Francisco CA Purpose of Disbursement Campaign signs  Candidate Name		006 Category/ Type	Amount of Each Disbursement this Period 265.30  Memo Item  Transaction ID: SB17.4124
Office Sought:    House   Disbursement			
Full Name (Last, First, Middle Initial)  C.  Mailing Address			Date of Disbursement
City State  Purpose of Disbursement  Candidate Name	Zip Code	Category/	Amount of Each Disbursement this Period  Memo Item
Office Sought: House Disbursement Senate Prim President Othe  State: District:		Туре	
SUBTOTAL of Disbursements This Page (optional)			485.80

TOTAL This Period (last page this line number only).....

1426.80

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

×	13a
	13h

OF

OANS			for each category of Detailed Summary Pa	
IAME OF COMMITTEE (In Fui	,		Transa	action ID : SC/10.4102
LOAN SOURCE Full Nam Bob Miller		nitial)	Memo Item	Election: 2016  Primary
Mailing Address 2001 35th				General Other (specify) ▼
City	State		de	
San Francisco	CA	94116		
Original Amount of Loan	1711.58	mulative Payment To	Date Ba	lance Outstanding at Close of This Period
Date Incurre	Ž016 Y		Interest Ra /31/2016 0	te Secured: .00 % (apr) Yes No
List All Endorsers or Gua 1. Full Name (Last, First,	` • • • • • • • • • • • • • • • • • • •	an Source	Name of Employer	
Mailing Address	,		Occupation	
City	State ZI	P Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZI	P Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZII	P Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZI	P Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This	s Page (optional)			1711.58
TOTALS This Period (last pag	ge in this line only)		·····	
Carry outstanding balance or	nly to LINE 3, Schedule	D, for this line. If i	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

_	i
X	13a
	13b

OANS		for each category of to Detailed Summary Pa	
IAME OF COMMITTEE (In Fu	•	Transa	ction ID : SC/10.4103
	ne (Last, First, Middle Initial)	Memo Item	Election: 2016  Primary
Mailing Address 2001 35th			General Other (specify) ▼
City	2	ZIP Code	
San Francisco	CA	94116	
Original Amount of Loan	Cumulative Payr	ment To Date Bal	ance Outstanding at Close of This Period 2384.00
TERMS  Date Incurr  M 02 / 19 / 19	ed Da	ate Due Interest Rat	se Secured:  00 % (apr) Yes No
List All Endorsers or Gua 1. Full Name (Last, First,	arantors (if any) to Loan Source	Name of Employer	
1. Full Name (Last, First,	widdle initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, I	vliddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, I	vliddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, I	vliddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period Thi	s Page (optional)	•	2384.00
FOTALS This Period (last page	ge in this line only)	·····	7
Carry outstanding balance o	nly to LINE 3, Schedule D, for this	line. If no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE

NUMBER:		
one)	×	13
		131

15

PAGE 11 OF

DANS			Detailed Summary		(check only one)	13a
AME OF COMMITTEE (In Full)			Trai	nsaction I	D : SC/10.4109	
Robert Miller for Congress						
LOAN SOURCE Full Name (Last, Bob Miller	First, Middle Init	ial)	Memo Item		ction: 2016 Primary General	
Mailing Address 2001 35th					Other (specify)	
City	State	ZIP Cod	de			
San Francisco	CA	94116				
Original Amount of Loan	Cumi	ulative Payment To	Date	Balance C	Outstanding at Clo	se of This Period
600	.00		0.00		, ,	600.00
Date Incurred  MO4 O1 O1 Y Ž016	M 09 M	Date Due	Interest 0011	Rate 0.00	% (apr)	Secured:
List All Endorsers or Guarantors	(if any) to Loan	Source		_		Yes No
1. Full Name (Last, First, Middle Ir			Name of Employer			
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed Outstanding:	- 7		
2. Full Name (Last, First, Middle Ini	tial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed Outstanding:	,		
3. Full Name (Last, First, Middle Ini	tial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	,	
4. Full Name (Last, First, Middle Ini	tial)		Name of Employer			
Mailing Address			Occupation			
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	7	* 1
SUBTOTALS This Period This Page (c	ptional)				7 7	600.00
TOTALS This Period (last page in this	line only)		·····		7	
Carry outstanding balance only to LIN	IE 3. Schedule I	D. for this line. If	no Schedule D. carry	forward t	to appropriate lin	e of Summary.

Use separate schedule(s) for each category of the

FOR LI

NE NUMBER:		
only one)	X	13
		131

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OANS		Detailed Summary Page	
AME OF COMMITTEE (In Full) Robert Miller for Congress		Transacti	on ID : SC/10.4115
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item	Election: 2016
Bob Miller	made imaj	Memo item	Primary General
Mailing Address 2001 35th			Other (specify) $\blacktriangledown$
City	State ZIP Co	ode	
San Francisco	CA 94116		
Original Amount of Loan 220.50	Cumulative Payment To	Date Baland	ce Outstanding at Close of This Period 220.50
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M04M / D29D / Y Ž01Ě		2/31/2016 O.00	
List All Endorsers or Guarantors (if ar	ny) to Loan Source		TCS NO
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	y
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
SUBTOTALS This Period This Page (option	nal)	· · · · · · · · · · · · · · · · · · ·	220.50
TOTALS This Period (last page in this line	only)	······	7 7
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry forwa	ard to appropriate line of Summary.

Use separate schedule(s)

FOR

LINE NUMBER:		
ck only one)	×	13
		13

PAGE 13 OF

DANS			Detailed Summary Pa		13a 13b
AME OF COMMITTEE (In Full)			Transa	action ID : SC/10.4110	
Robert Miller for Congress					
LOAN SOURCE Full Name (Last, I Bob Miller	First, Middle In	itial)	Memo Item	Election: 2016  Primary  General	
Mailing Address 2001 35th				Other (specify)	
City	State	ZIP Cod	de		
San Francisco	CA	94116			
Original Amount of Loan	Cum	ulative Payment To	Date Ba	lance Outstanding at Close of This	Period
220	.50	9 9	0.00	220.50	ז
Date Incurred  Mo5 <sup>M</sup> / Do6 <sup>D</sup> / Y Ž016	Y M M	Date Due	Interest Ra	0.00 % (apr)	X.
List All Endorsers or Guarantors (	(if any) to Loai	n Source		Yes	No
1. Full Name (Last, First, Middle In	nitial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Ini	tial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP	Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Ini	tial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP	Code	Amount Guaranteed Outstanding:	9 9 9	
4. Full Name (Last, First, Middle Ini	tial)		Name of Employer		
Mailing Address			Occupation		
City	State ZIP	Code	Amount Guaranteed Outstanding:	9 9 9	
SUBTOTALS This Period This Page (o	ptional)		·····	220.50	)
FOTALS This Period (last page in this	line only)				
Carry outstanding balance only to LIN	IE 3. Schedule	D. for this line. If	no Schedule D. carry fo	rward to appropriate line of Sumr	marv.

Use separate schedule(s)

FOR LINE NUMBER:

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	13b

OANS		for each category of Detailed Summary Pa	
AME OF COMMITTEE (In Fu	•	Transa	action ID : SC/10.4116
	ne (Last, First, Middle Initial)	Memo Item	Election: 2016  Primary
Mailing Address 2001 35th			General Other (specify) ▼
City	State	ZIP Code	
San Francisco	CA	94116	
Original Amount of Loan	Cumulative F	Payment To Date Ba	lance Outstanding at Close of This Period
TERMS  Date Incurre	Ž016 M M / D	12/31/2016	ste Secured:  0.00 % (apr) Yes No
List All Endorsers or Gua 1. Full Name (Last, First,	arantors (if any) to Loan Source	Name of Employer	
,	Tyndalo Initialy		
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, N	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, N	/liddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, N	/liddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This	s Page (optional)	•	220.50
FOTALS This Period (last pag	ge in this line only)	·····	7 7 7
Carry outstanding balance of	nly to LINE 3, Schedule D, for the	his line. If no Schedule D, carry for	rward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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×	13a
	13b

OANS		for each category of betailed Summary Pa	
AME OF COMMITTEE (In Ful Robert Miller for Cong	•	Transa	ction ID : SC/10.4122
	e (Last, First, Middle Initial)	Memo Item	Election: 2016  Primary
Mailing Address 2001 35th			General Other (specify) ▼
City		ZIP Code	
San Francisco	CA	94116	
Original Amount of Loan	Cumulative Payr 265.30	ment To Date Bal	ance Outstanding at Close of This Period 265.30
TERMS  Date Incurre	od Da	ate Due Interest Rat	se Secured:  00 % (apr) Yes No
	rantors (if any) to Loan Source	Name of Frankrica	
1. Full Name (Last, First,	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
2. Full Name (Last, First, N	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, N	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, N	fiddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9
SUBTOTALS This Period This	s Page (optional)	<b>&gt;</b>	265.30
FOTALS This Period (last pag	ge in this line only)		5622.38
Carry outstanding balance or	nly to LINE 3, Schedule D, for this	line. If no Schedule D, carry for	ward to appropriate line of Summary.